

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics-Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
MR. WILLIAM H.  
NICKNAME LAST SUFFIX  
BILL RAY

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
2215 WARD PARKWAY  
FT WORTH, TX 76110

☒ Change of Address

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
Mr. Rudolph V.  
NICKNAME LAST SUFFIX  
RUDY PULIDO SR

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE  
4205 WINDING WAY  
BENBROOK, TX 76126

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 738-2777

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year  
02/19/03 THROUGH 03/24/03

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
05/03/03 ☐ Primary ☐ Runoff ☒ MUNICIPAL ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY COUNCIL, PL. 9

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box: Apt / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

WILLIAM H. "BILL" RAY

15 ACCOUNT # (Ethics Commission files)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 50<sup>00</sup>2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 1,250<sup>00</sup>EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

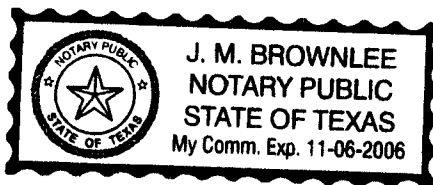
\$ 50<sup>00</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 1,830.97

OUTSTANDING  
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD\$ 500<sup>00</sup>

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said WILLIAM H. "BILL" RAY, this the 31<sup>st</sup> day of MARCH, 20 03, to certify which, witness my hand and seal of office.

J. M. Brownlee  
Signature of officer administering oath

J. M. Brownlee  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1

2 FILER NAME

WILLIAM H. "BILL" RAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/6/03

5 Full name of contributor

☐ out-of-state PAC (ID#:

MARY HEARD

6 Contributor address; City; State; Zip Code

105 HAVERHILL

SAN ANTONIO TX 78205

7 Amount of  
contribution (\$)

\$200.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/6/03

Full name of contributor

☐ out-of-state PAC (ID#:

KIM CAMPBELL

Contributor address; City; State; Zip Code

6301 Airport Freeway

HALTOM CITY, TX 76117

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/11/03

Full name of contributor

☐ out-of-state PAC (ID#:

SUSAN RAY

Contributor address; City; State; Zip Code

2441 MEDFORD CT E.

FTWORTH, TX 76109

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/12/03

Full name of contributor

☐ out-of-state PAC (ID#:

MELVIN GARDNER

Contributor address; City; State; Zip Code

1910 Rockridge, FTWORTH TX  
76110Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/24/03

Full name of contributor

☐ out-of-state PAC (ID#:

ODELL HARGROVE

Contributor address; City; State; Zip Code

2209 WARD PARKWAY

FTWORTH, TX 76110

Amount of  
contribution (\$)

\$300.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

WILLIAM H. "BILL" RAY

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

2/15/03

7 Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

MARLA RAY

9 Loan Amount (\$)

500.00

6 Is lender a financial Institution?

Y

☒ N

8 Lender address; City; State; Zip Code

2215 WARD PARKWAY  
FT WORTH, TX 76110

10 Interest rate

—

11 Maturity date

—

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☒ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

WILLIAM H. "BILL" RAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/14/03

5 Payee name

BILLY MINER'S SALOON

6 Payee address; City; State; Zip Code

150 W. 3rd St.  
FTWORTH TX 76102

7 Amount (\$)

\$100.00

8 Purpose of payment (See instructions regarding type of information required.)

Deposit to - PARTY

9

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

3/15/03

Payee name

Staples Office Supply

Payee address; City; State; Zip Code

1600 S. UNIVERSITY DRIVE  
FTWORTH TX 76107

Amount (\$)

\$315.93

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

3/16/03

Payee name

Staples Office Supply

Payee address; City; State; Zip Code

1600 S. UNIVERSITY DRIVE  
FTWORTH, TX 76107

Amount (\$)

\$57.36

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2

2 FILER NAME

William H. "Bill" Ray

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/19/03

5 Payee name

CITY OF FT WORTH

6 Payee address; City; State; Zip Code

1000 THACKMORTON ST.  
FT WORTH, TX 76102

7 Purpose of expenditure (See instructions regarding type of information required.)

FILING FEE

8 Amount (\$)

\$ 100.00

☒ Reimbursement from political contributions intended

Date

3/3/03

Payee name

STAPLES OFFICE SUPPLY

Payee address; City; State; Zip Code

1600 S. UNIVERSITY DRIVE  
FT WORTH TX 76107

Purpose of expenditure (See instructions regarding type of information required.)

OFFICE SUPPLIES

Amount (\$)

\$ 97.39

☒ Reimbursement from political contributions intended

Date

3/3/03

Payee name

SAU-ON

Payee address; City; State; Zip Code

2500 W. BERRY ST.  
FT WORTH, TX 76109

Purpose of expenditure (See instructions regarding type of information required.)

OFFICE SUPPLIES

Amount (\$)

\$ 126.01

☒ Reimbursement from political contributions intended

Date

3/4/03

Payee name

POSTMASTER

Payee address; City; State; Zip Code

100 W. THACKMORTON ST FT WORTH TX 76102 \$ 222.00  
~~400 N. RETHA, FT. WORTH TX 76111~~

Purpose of expenditure (See instructions regarding type of information required.)

POSTAGE

Amount (\$)

☒ Reimbursement from political contributions intended

Date

3/5/03

Payee name

STAPLES OFFICE SUPPLY

Payee address; City; State; Zip Code

1600 S. UNIVERSITY DRIVE  
FT WORTH TX 76107

Purpose of expenditure (See instructions regarding type of information required.)

OFFICE SUPPLIES

Amount (\$)

\$ 310.92

☒ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2

2 FILER NAME

WILLIAM H. "BILL" RAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

3/7/03

Staples Office Supply

6 Payee address; City; State; Zip Code

1600 S. UNIVERSITY DR.  
FTWORTH, TX 76107

\$18.10

7 Purpose of expenditure (See instructions regarding type of information required.)

office supplies

☒ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3/10/03

POSTMASTER

Payee address; City; State; Zip Code

3930 TELEPHONE RD. FTWORTH TX 76132

\$111.00

Purpose of expenditure (See instructions regarding type of information required.)

POSTAGE

☒ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3/10/03

Staples Office Supply

Payee address; City; State; Zip Code

1600 S. UNIVERSITY DRIVE  
FTWORTH, TX 76107

\$21.64

Purpose of expenditure (See instructions regarding type of information required.)

office supplies

☒ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3/15/03

Staples Office Supply

Payee address; City; State; Zip Code

1600 S. UNIVERSITY DR.  
FTWORTH, TX 76107

\$41.62

Purpose of expenditure (See instructions regarding type of information required.)

office supplies

☒ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3/17/03

POSTMASTER

Payee address; City; State; Zip Code

100 Throckmorton St. FTWORTH, TX 76102

\$259.00

Purpose of expenditure (See instructions regarding type of information required.)

Postage

☒ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED